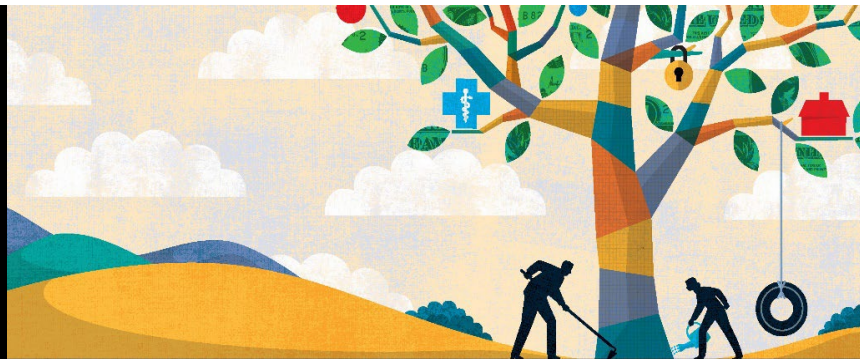


Voluntary Benefits



Offer Prepared For:

La Vernia Independent School District

Offer Presented By:

First Financial Capital Corp

Date Offer Prepared: April 06, 2026

Offer Valid Until: August 31, 2026

Proposed Effective Date: September 01, 2026

Version: 1

Proposed Products: Accident
Critical Illness/Cancer
Hospital Indemnity

Table of Contents

Who is ManhattanLife?.....	1
Accident.....	2
Critical Illness.....	15
Hospital Indemnity.....	23
Proposal Requirements.....	29
Agreement.....	30

Who is ManhattanLife?

ManhattanLife is one of the oldest insurance companies in America. Since 1850 we have stood by policyholders with diligence and compassion. ManhattanLife has a storied history that has consistently proved that we deliver on our promise of standing by policyholders and producers. Through domestic and world wars, outbreaks of diseases and multiple cycles of booms and busts, life has marched on in America. ManhattanLife has been there, diligently delivering on our mission. Being trusted to do so even earned us the reputation “Old Reliable” after the Civil War, when we sought out policyholders to ensure we met the needs of families of fallen soldiers. More recently, we were the only insurance company to challenge the U.S. Department of Health and Human Services, advocating for and winning Americans’ right to purchase fixed indemnity health insurance products.

“At our core, ManhattanLife is a reliable, independent insurance company rigorously focused on providing policyholders with the life affirmations of health, wealth and security.”

David Harris, CEO

Many American workers fail to plan for expenses, such as loss of income and childcare, not covered by health insurance. ManhattanLife’s voluntary benefits can help protect your employees’ savings if they can’t work due to an illness or injury. By offering these benefits you can help your employees be more financially prepared for the unexpected.

How You Benefit

- Expand your benefit options without breaking the budget. Voluntary benefits are 100 percent employee paid.
- Opportunity to possibly reduce your payroll tax for each enrolled employee.
- Minimize disruption to business with custom enrollment options.
- Provide a range of benefits to help keep employees productive and loyal.

How Employees Benefit

- Choose the benefits that match their needs and concerns.
- Directly receive benefits when they need it most.
- Don’t have to rely solely on savings or incur additional debt to cover expenses such as childcare, transportation, and medical bills.
- Save money on premiums because benefits purchased through the employer are typically less expensive than purchasing on their own.
- Pay premiums through payroll deduction, many on a pre-tax basis.

Accident

Protection that surrounds you and your family



Accident coverage can protect your whole family

An Accident plan offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It is also available to your spouse and children – a plan that can protect your whole family.

Why do I need Accident coverage?

Here are a few facts to consider from the National Center for Health Statistics:

- Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home.
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices.
- Injuries due to motor vehicle traffic accidents and striking against or being struck accidentally by objects also make up a large portion of injuries.

Here's how it works

When you or a covered family member has an Accident, you may seek treatment from a physician, urgent care or hospital. Based on the Accident plan you choose, you will receive a benefit paid directly to you to assist with medical plan deductibles and bills from your provider.

Accident Indemnity Plus Coverage

Coverage type	There are no annual maximums. Benefits start all over with each accident and are paid in addition to any other coverage in place. Payroll deduction for your premiums makes it easy, too.		
Product	Policy Type:	Group	
	Policy Name:	Accident Indemnity Plus Insurance	
	Policy Form:	M-8036	
Eligibility	Issue Ages:	Employee:	18 – 70
		Spouse:	18 – 70
		Child:	Under age 26
	Criteria:	<ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. 	
	Termination Age:	<ul style="list-style-type: none"> Employee: Age 71 unless actively at work, then on last day of active employment. Spouse: Age 71, or when Employee terminates, whichever is earlier. Child: Age 26, or when Employee terminates, whichever is earlier. 	
	Guarantee Issue		
Underwriting Offer	Employee:	Guarantee Issue	
	Spouse:	Guarantee Issue	
	Child(ren):	Guarantee Issue	
Target Participation	Minimum to Issue:	2 enrolled	
	Guarantee Issue	2 enrolled	

Benefits and Features

	Custom Enhanced	Custom Premier
Urgent Care	\$150	\$200
Doctor's Office Visit	\$150	\$200
Emergency Room Treatment	\$150	\$200
Ground Ambulance	\$300	\$300
Air Ambulance	\$1,500	\$1,500
Hospitalization Non-ICU Admission Benefit (Accident)	\$1,000	\$1,500
Hospitalization ICU Admission Benefit (Accident)	\$2,000	\$3,000
Hospital Daily Non-ICU Confinement (Accident)	\$200 per day	\$300 per day
Hospital Daily ICU Confinement (Accident)	\$400 per day	\$600 per day
Rehabilitation – Daily Confinement Benefit:	\$250 \$100	\$250 \$150
Physical/Occupational/Speech Therapy	\$25	\$35
Chiropractic Treatment	\$30 per day	\$35 per day
Accident Follow-Up Treatment	\$50 per visit/max of 4 per accident	\$50 per visit/max of 4 per accident
Blood and Plasma	\$400	\$500
Major Diagnostic – X-Ray:	\$50	\$75
Medical Imaging:	\$150	\$200
EEG:	\$150	\$200
Exploratory Surgery without repair	\$150	\$200
Concussion	\$200	\$200
Coma	\$10,000	\$20,000
Ruptured Disc	\$750	\$1,000
Medical Appliances	\$200	\$300
Prosthesis – Single:	\$750	\$1,250
Multiple:	\$1,500	\$1,500
Transportation - Train or Plane:	\$300	\$450
Bus:	\$300	\$450
Family Lodging	\$200 per night	\$200 per night

Accidental Death, Dismemberment, and Loss of Sight (AD&D)	Custom Enhanced	Custom Premier
Loss of Life	\$50,000	\$100,000
Double Dismemberment - Any Combination of Two or More Hands, Feet, or Sight in Both Eyes	\$50,000	\$50,000
Single Dismemberment Loss of Single Hand, Foot or Sight	\$12,500	\$12,500
Loss of Four Fingers of the Same Hand	\$2,500	\$3,750
Loss of Thumb and Index Finger of Same Hand	\$500	\$750
Severance and Reattachment of Hand or Foot	\$500	\$750
Common Carrier Accidental Death	\$100,000	\$200,000

Spouse benefit 50% and dependent child(ren) 50% of the Employee amounts.

Fractures (Closed Reduction)	Custom Enhanced	Custom Premier
Hip/Thigh	\$4,500	\$9,000
Vertebrae (Except Process)	\$1,800	\$3,600
Pelvis	\$1,800	\$3,600
Skull (Depressed)	\$6,000	\$7,500
Skull (Simple)	\$3,500	\$3,500
Leg	\$1,800	\$3,600
Foot/Ankle/Kneecap	\$750	\$1,500
Fore/Hand	\$750	\$1,500
Lower Jaw	\$750	\$1,500
Shoulder Blade/Collar Bone	\$750	\$1,500
Upper Arm/Upper Jaw	\$750	\$1,500
Facial Bones (Except Teeth)	\$750	\$1,500
Vertebral Processes	\$750	\$1,500
Coccyx, Rib, Finger, Toe	\$300	\$450
Chips	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction

Dislocations (Closed Reduction)	Custom Enhanced	Custom Premier
Hip	\$4,500	\$7,500
Knee (Excluding Patella)	\$3,000	\$5,000
Shoulder	\$750	\$1,250
Foot/Ankle	\$1,500	\$2,500
Ankle Joint	\$1,500	\$2,000
Hand	\$750	\$1,250
Lower Jaw	\$750	\$1,250
Wrist	\$750	\$1,250
Collar Bone (Sternoclavicular)	\$1,500	\$1,500
Collar Bone (Acromioclavicular & Separation)	\$500	\$500
Rib	\$300	\$300
Elbow	\$750	\$1,250
Finger/Toe	\$225	\$375
Partial	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction

Surgical Repair Benefits	Custom Enhanced	Custom Premier
Repaired Ligament – Single:	\$750	\$1,000
Multiple:	\$1,500	\$1,500
Repaired Knee Cartilage – Single:	\$750	\$1,000
Multiple:	\$750	\$1,000
Repaired Tendon – Single:	\$750	\$1,000
Multiple:	\$1,500	\$1,500
Repaired Rotator Cuff – Single:	\$625	\$625
Multiple:	\$1,250	\$1,250

	Custom Enhanced	Custom Premier
Burns - Second Degree (<10%):	\$500	\$500
Second Degree (10%-25%):	\$1,000	\$1,000
Second Degree (25%-35%):	\$1,000	\$1,500
Second Degree (>35%):	\$1,000	\$1,500
Third Degree (<10%):	\$2,500	\$2,500
Third Degree (10%-25%):	\$15,000	\$15,000
Third Degree (25%-35%):	\$18,000	\$25,000
Third Degree (>35%):	\$18,000	\$27,000
Paralysis Benefit – Quadriplegia:	\$10,000	\$20,000
Paraplegia:	\$5,000	\$10,000
Monoplegia:	\$5,000	\$5,000
Eye Injury Benefit - Surgical Repair:	\$300	\$400
Removal of Foreign Body:	\$150	\$150
Laceration Benefit - Over 6”:	\$600	\$600
2”-6”:	\$200	\$400
Under 2”:	\$100	\$200
Lacerations not Requiring Stitches:	\$25	\$25
Emergency Dental Work – Repaired with Crown:	\$225	\$300
Resulting in Extraction:	\$75	\$100
Total Disability Premium Waiver	Included	
Portability	Included	

Employer Elected Optional Benefits

Organized Sports Benefit	Additional 25% up to \$1,000 per covered person per year	
On the Job (24 Hour Insurance) Benefit	Included	
Ambulatory Surgical	\$300	\$400
Epidural Pain Management	\$100	\$200
Gunshot Wound	\$1,500	\$2,000
Open Abdominal/Thoracic/Cranial Surgery	\$1,500	\$2,000
Walk-in clinic/Telemedicine	\$150	\$150
Animal Bite Treatment Benefit –	Maximum of One (1) benefit per accident	
Anti-Venom Shots		\$200
Tetanus Shot		\$100
Rabies Shot		\$300
Home and Vehicle Alteration Benefit		\$1,500
Service Dog Benefit		\$1,500
Post-Traumatic Stress Disorder (PTSD)		\$500

Benefit Definitions

ACCIDENT FOLLOW-UP TREATMENT: For an injury received as a result of a Covered Accident, a benefit will be paid if the covered person receives initial treatment within 30 days after covered accident, receives doctor prescribed follow up treatment, and the follow up treatment begins within 90 days after the covered accident or discharge from the hospital.

GROUND AMBULANCE: Pays a benefit when a covered person requires transportation in an ambulance from a covered accident. The total amount payable for all ground ambulance services in connection with anyone covered accident will not exceed the benefit chosen. The benefit is limited to one trip per accident.

AIR AMBULANCE: Pays a benefit when a covered person requires transportation in an ambulance from a covered accident. The total amount payable for all ground ambulance services in connection with anyone covered accident will not exceed the benefit chosen. The benefit is limited to one trip per accident.

HOSPITAL DAILY NON-ICU CONFINEMENT (ACCIDENT): Pays benefit if a covered person is confined as an inpatient in a hospital for an injury received because of a covered accident, for each day of Hospital Confinement starting with the first full day of confinement. A day is a 24-hour period. The benefit is limited to 365 days per accident.

HOSPITAL DAILY ICU CONFINEMENT (ACCIDENT): Pays benefit if a covered person is confined as an inpatient in a hospital for an injury received because of a covered accident, for each day of Hospital Confinement starting with the first full day of confinement. A day is a 24-hour period. The benefit is limited to 365 days per accident.

HOSPITALIZATION NON-ICU ADMISSION BENEFIT (ACCIDENT): Benefit is limited to one (1) per calendar year for each covered person. Hospital Admission must be due to a covered accident and at the direction of and under the supervision of a doctor. The amount paid will be based on the location of the initial hospital admission. If the confinement is a Non-ICU Admission, the Covered Person must be admitted to the Hospital within 90 days after the Accident for this benefit to be payable. The Non-ICU admission benefit is paid then the ICU admission benefit will not be payable.

HOSPITALIZATION ICU ADMISSION BENEFIT (ACCIDENT): Benefit is limited to one (1) per calendar year for each covered person. Hospital Admission must be due to a covered accident and at the direction of and under the supervision of a doctor. The amount paid will be based on the location of the initial hospital admission. If the confinement is an ICU Admission, the Covered Person must be admitted to the Hospital within 10 days after the Accident for this benefit to be payable. The ICU admission benefit is paid then the Non-ICU admission benefit will not be payable.

EMERGENCY ROOM TREATMENT: Pays a benefit amount chosen for an injury because of a covered accident when a covered person requires examination and treatment by a doctor in a hospital emergency room within 30 days after the covered accident. This benefit is paid once per covered accident and limited to 5 covered accidents per covered person per calendar year.

URGENT CARE: Pays a benefit if a covered person receives initial treatment and/or advice by a doctor in an urgent care facility for an injury received because of a covered accident. Treatment must be within 60 days of the covered accident and must be the result of the covered accident, and not for routine examinations or preventative testing. Benefit paid once per covered accident and is not payable if Emergency Room Treatment benefit is paid for the same covered accident.

DOCTOR'S OFFICE VISIT: Pays a benefit if a covered person receives initial treatment and/or advice by a doctor in a doctor's office for an injury received because of a covered accident. Treatment must be within 60 days of the covered accident and must be the result of the covered accident, and not for routine examinations or preventative testing. Benefit paid once per covered accident and is not payable if Emergency Room Treatment benefit is paid for the same covered accident.

CHIROPRACTIC TREATMENT: Pays a benefit if a covered person suffers a structural imbalance for an injury received because of a covered accident and receives Chiropractic Care Services by a Chiropractor in a chiropractor's office. Treatment must begin within 60 days after the covered accident and must be completed within 180 days after the covered accident. Maximum of 10 visits per accident.

PHYSICAL/OCCUPATIONAL/SPEECH THERAPY: Pays a benefit amount each day a covered person receives physical/occupational/speech therapy for an Injury received because of a covered accident. Therapy must begin within 90 days after the covered accident and be completed within 1 year after the covered accident. Benefit is not payable for the same visit that the Accident Follow-Up benefit is paid. Maximum of 10 visits per accident.

TRANSPORTATION: Pays a benefit for train, plane, or bus transportation. This benefit is payable if, because of an Injury received because of a Covered Accident, a Covered Person: is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the covered person's resident city. Use of such transportation must begin within 90 days after the covered accident date. The distance to the hospital treatment or diagnostic study must be greater than 50 miles from the Covered Person's residence. Maximum of 3 trip.

FAMILY LODGING: Pays a benefit each night's lodging in a motel/hotel room for an adult family member of a covered person. Benefit is payable for an injury received as a result of a covered accident: the covered person must be confined to a hospital for treatment of an injury, the hospital and motel/hotel must be more than 100 miles from the covered person's residence; and the treatment must be prescribed by the covered person's local doctor. Max 30 nights per covered accident.

BLOOD AND PLASMA: Pays a benefit for an injury received because of a covered accident, the covered person is injured and receives blood or plasma within 90 days after the covered accident.

PROSTHESIS: Pays a benefit for each covered prosthetic device the covered person uses when needed due to a covered accident. Benefit paid will be based on the number (single or multiple) of prosthetics received and is limited to one (1) payment per covered accident.

MEDICAL APPLIANCES: Pays a benefit if a doctor advises a covered person to use a medical appliance. The medical appliance must be used for an injury received because of a covered accident. It must be used as an aid in personal locomotion. Benefit is limited to one (1) payment per covered accident.

MAJOR DIAGNOSTIC: Pays a benefit if a covered person receives one of the following exams for an Injury received as a result of a covered accident CT (computerized tomography) scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), or X-rays. Exams must be performed in a hospital or a doctor's office. Benefit amount paid once per covered accident.

EXPLORATORY SURGERY: Pays a benefit if an injury received because of a covered accident requires a covered person to have exploratory surgery (without repair).

CONCUSSION: Pays a benefit if a covered person has a concussion from an injury received as a result of a covered accident. The concussion must be diagnosed by a doctor within 30 days after the Covered Accident using any type of medical imaging such as x-ray (computerized tomography) scan; CT (computerized tomography); or MRI (magnetic resonance imaging).

RUPTURED DISC: Pays a benefit if a covered person receives an injury as a result of a covered accident and ruptures a disc in the spine, receives treatment from a doctor within 60 days after the covered accident, and has surgical repair by a doctor within one year after the Covered Accident.

COMA: If a Covered Person is in a coma lasting 30 days or more from an injury received because of a covered accident, a benefit is payable based on the amount selected. The diagnosis of a coma must indicate that permanent neurological deficit is present. This benefit is paid once per covered person per covered accident.

REHABILITATION DAILY/CONFINEMENT AND ADMISSION: Pays a benefit for an Injury received as a result of a Covered Accident if the Covered Person is admitted for a Hospital Confinement, is transferred to a bed in a Rehabilitation Unit of a Hospital for Treatment and incurs a charge. Benefit is limited to 30 days for each covered person per period of hospital confinement. Benefit is also limited to a Calendar Year Max of 60 days.

ACCIDENTAL DEATH, DISMEMBERMENT, AND LOSS OF LIFE: Pays a benefit chosen based on loss of life of covered person or dismemberment of covered person based on a covered accident.

FRACTURE BENEFITS: Fracture is a break in a bone that can be seen by X-ray. If a bone is fractured in an injury received because of a covered accident and is diagnosed and treated by a doctor within 90 days of the accident, pays benefit selected based upon the fracture benefit listed.

DISLOCATION BENEFITS: Dislocation refers to a completely separated joint. If a joint is dislocated in an injury received because of a covered accident and is diagnosed and treated by a doctor within 90 days of the accident, pays benefit selected based upon the dislocation benefit listed.

BURNS BENEFIT: Pays a benefit if a Covered Person receives burns because of a covered accident, according to the percentage of body surface burned. Must be treated for burns by a Doctor within 30 days after the Covered Accident. First-degree burns are not covered.

PARALYSIS BENEFIT: Pays a benefit for an Injury received as a result of a covered accident where the injury causes paralysis which lasts more than 90 days, and the paralysis is diagnosed by a doctor within 90 days after the Covered Accident. The amount paid will be based on the number of limbs paralyzed.

EYE INJURY BENEFIT: Pays a benefit for eye injuries requiring surgical repair, for an Injury received as a result of a Covered Accident and the insured injures an eye, doctor repairs the eye through surgery, and the eye surgery occurs within 90 days after the Covered Accident. For eye injuries requiring removal of a foreign body, benefit pays the amount selected if a Doctor removes a foreign body from the eye.

LACERATION BENEFIT: Pays a benefit if a covered person receives a laceration from an injury received because of a covered accident. Laceration must be repaired with stitches by a doctor within 30 days after the covered accident. The amount paid will be based on the length of the laceration. The covered person may receive a laceration that does not require stitches. If treated by a doctor within 30 days after the covered accident, the benefit will pay the appropriate amount shown in the certificate.

EMERGENCY DENTAL WORK: Pays a benefit if the covered person has an injury to sound natural teeth as the result of a covered accident.

TOTAL DISABILITY PREMIUM WAIVER: If the insured becomes disabled before age 65, and as results of injuries suffered in an accident, premiums will be waived after 90 days of total and continuous disability. Limit 12 months per disability.

LIMITED PORTABILITY: Employees are able to continue their coverage if they leave their Employer, as long as master contract remains in force. Coverage is portable assuming the following parameters are met, Employee is less than 70, Insured is not totally disabled, and Master Policy issued to the Employer is active. Employees on ported coverage terminate at age 70. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25, or when the primary insured's insurance terminates.

ORGANIZED SPORTS BENEFIT: Pays an additional 25% of the total benefit paid when Covered Person/Eligible Dependent Child suffers an injury received as a result of a covered accident, while the Covered Person/Eligible Dependent Child is participating in an organized sports event or scheduled practice. The dependent child is age 18 or younger. The certificate holder provides proof of the Covered Person/Eligible Dependent Child's registration in the organized sports event. The benefit is paid once per covered accident per Covered Person/Eligible Dependent Child.

ON-THE-JOB COVERAGE: Pays a benefit for injuries, due to an Accident, that are covered by Worker's Compensation or occupational disease law.

AMBULATORY SURGICAL CENTER OR OUTPATIENT HOSPITAL FACILITY BENEFIT: Pays a benefit for the day surgery is performed in an Ambulatory Surgical Center Facility or Outpatient Hospital Facility on an Insured Person because of a Covered Accident. This benefit is payable only once per Covered Accident. Two or more surgeries performed during the same ambulatory surgery session are considered one surgery.

EPIDURAL PAIN MANAGEMENT BENEFIT: Pays a benefit if any insured person is prescribed, receives, and incurs a charge for an epidural administered for pain management in a Hospital or Doctor's office for injuries sustained in an accident. This benefit is not payable for an epidural administered during a surgical procedure. The benefit is paid once per accident per insured person.

GUNSHOT WOUND BENEFIT: Pays a benefit if the primary insured is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. The wound(s) must require treatment by a doctor, including confinement within 24 hours and surgery within 72 hours after the injury. This benefit will only be paid once per accident.

OPEN ABDOMINAL, THORACIC OR CRANIAL SURGERY BENEFIT: Pays a benefit if any insured person has an open abdominal, thoracic, or cranial surgery provided by a doctor to repair an internal injury within 72 hours of the accident. This benefit is payable once per accident. Two or more surgeries performed during the same ambulatory surgery session will be considered one surgery. Hernia repair will not be covered.

WALK-IN CLINIC/TELEMEDICINE: Provides a benefit if a Covered Person receives initial treatment and/or advice by a Doctor in a Walk-in Clinic or by way of a Telemedicine consultation for an injury received as a result of a covered accident. The treatment must be within 60 days of the covered accident, and the services provided must be the result of a covered accident and not for routine examinations or preventative testing. This benefit is not payable if the Emergency Room Treatment benefit is paid for the same covered accident. Pays benefit one time per covered accident.

ANIMAL BITE TREATMENT BENEFIT: Provides a benefit if the Covered Person sustains an animal bite and needs an anti-venom, tetanus, or rabies shot. Treatment must take place within 30 days after the Accidental Injury. If more than one type of shot is received, only the benefit of the highest amount is payable

HOME AND VEHICLE ALTERATION BENEFIT: Provides a benefit if the Covered Person sustains an injury that results in dismemberment or paralysis and the following conditions are met, 1) a Doctor must prescribe that the Covered Person have their primary home or vehicle altered to maintain an independent lifestyle, 2) the installation is done by a licensed contractor who is not the covered person or their Family Member, and 3) a written receipt for the alteration is received within 365 days after the Covered Accident. Maximum of 1 alteration per covered accident.

SERVICE DOG BENEFIT: Provides a benefit if a Doctor recommends that the Covered Person would benefit from a Service Dog due to an Accidental Injury and a Service Dog is placed with them. The Covered Person must be a covered person when the service dog is placed with them, the service dog must be purchased from an organization accredited by Assistance Dogs International (ADI) or the International Guide Dog Federation (IGDF) and must provide proof of purchase. Max of one service dog per lifetime.

POST-TRAUMATIC STRESS DISORDER (PTSD): Pays a benefit if the covered person receives a diagnosis of PTSD from a Doctor due to accidental injury. The diagnosis of PTSD must be received within 365 days after the accidental injury. This benefit is payable for the diagnosis only, and not payable for treatment of PTSD. Maximum of One (1) diagnosis per lifetime.

Accident Rates

Rate Assumption Information

Rate Structure:	Composite
Tobacco Status:	Uni-Tobacco
Rate Guarantee Period:	Two (2) Year
Custom Rates:	Yes
Custom Benefits:	Yes
Contributions:	100% Employee paid
Commissions:	Custom - 70/5
Coverage Type:	24 Hour (on and off the job)
Benefits Included:	As shown above in the Benefits and Optional Benefits sections.
Participation Expectation:	2 enrolled

Benefit:	Monthly (12) premium			
	Employee	Employee/Spouse	Employee/Child(ren)	Family
Custom Enhanced	\$6.79	\$11.14	\$13.97	\$18.32

Note: Final implementation rate may vary slightly due to rounding.

Benefit:	Monthly (12) premium			
	Employee	Employee/Spouse	Employee/Child(ren)	Family
Custom Premier	\$11.14	\$18.55	\$24.17	\$31.57

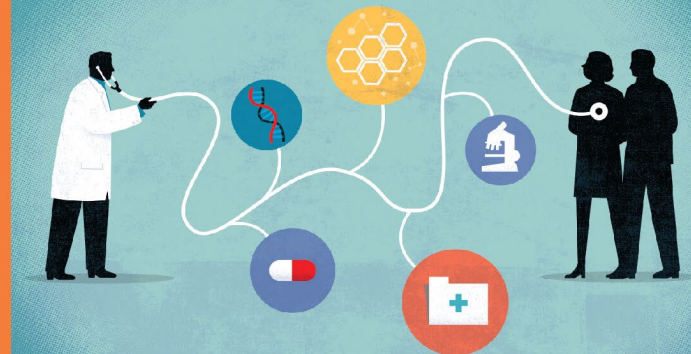
Note: Final implementation rate may vary slightly due to rounding.

PRODUCT QUALIFICATIONS AND CONTINGENCIES

- If benefit is elected, they are included on all covered lives.
- Group may elect a maximum of two coverage plans.
- Riders apply to all accident plans chosen.
- If the spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- If a dependent child is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If a group is situated outside of New Mexico, and there are more than 100 eligible employees residing in New Mexico, the products may not be offered to the New Mexico residents from the group's situs state.
- The offer is based on no other accident plans are in force.
- Please refer to certificate/policy for full benefit and limitation information.

Critical Illness

Helping protect you and your family with lump sum coverage



Critical Illness/Cancer voluntary coverages pay benefits to you

With our Critical Illness and Cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need Critical Illness and Cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can use the benefit however you want:

- Make your mortgage payments.
- Hire extra help around the house, such as in-home caregivers.
- Help cover medical bills as well as therapy and training.
- Pay for travel to treatment facilities away from home – and for family visits.

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other associated costs.

Here's how it works

All benefit payments are made directly to you, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You will save on your premiums because coverage through your employer typically is less expensive than purchasing on your own, and you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.

Critical Illness/Cancer Coverage

Coverage type	Voluntary Critical Illness insurance is a group policy that includes coverage for vascular, cancer, and other critical illnesses.		
Product	Policy Type:	Group	
	Policy Name:	Critical Illness	
	Policy Form:	M-8021	
Eligibility	Issue Ages:	Employee:	18 – 69
		Spouse:	18 – 69
		Child:	Under age 26
	Criteria:	<ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. 	
	Termination Age:	<ul style="list-style-type: none"> Employee: Age 70 unless actively at work, then on last day of active employment. Spouse: When Employee terminates. Child: Age 26, or when Employee terminates, whichever is earlier. 	
		Guarantee Issue	Simplified Issue
Underwriting Offer	Employee:	\$50,000	N/A
	Spouse:	100% of employee's benefit	N/A
	Child(ren):	50% of employee's benefit	N/A
Target Participation	Minimum to Issue:	5 enrolled or 1% of all eligible, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.	
Benefit Amounts	Employee:	\$5,000 - \$50,000	
	Spouse:	\$5,000 - \$50,000, 100% of Employee election	
	Child(ren):	\$2,500, 50% of Employee election to \$25,000	

Benefits and Features Conditions

Covered Conditions		Percent Payment
Cardiac Benefits	• Myocardial Infarction	100%
	• Coronary Heart Disease	25%
	• Sudden Cardiac Arrest	100%
Cerebral Vascular Disease Benefit	• Stroke	100%
	• Ruptured Brain Aneurysm	10%
	• Transient Ischemic Attack	10%
Cancer	• Invasive	100%
	• Non-Invasive	25%
	• Skin Cancer	\$1,000
	• Waiting period	Waived
Other Specified Illness Category	• Benign Brain Tumor	100%
	• Major Organ Failure	100%
	• End Stage Renal Failure*	100%
	• Coma	100%
	• Severe Burns	100%
	• Permanent Paralysis*	100%
	• Functional Loss of Hearing*	100%
	• Functional Loss of Speech*	100%
	• Functional Loss of Sight*	100%
	• Occupational HIV/Hepatitis*	100%
• Bone Marrow/Stem Cell (not HSA Compliant)	100%	

*not eligible for recurrence benefit.

Additional Occurrence Benefit	Included
Pre-existing Condition Limitation	Waived
Waiver of Premium for Disability	After 180 days
Portability	Included
Benefit Reduction	Waived

Employer Elected Optional Benefits

Recurrence	Included
Wellness Screening	\$100
Infectious Disease	<p>25% Benefit per condition.</p> <p>Covered Conditions:</p> <ul style="list-style-type: none"> • Cerebrospinal Meningitis • Malaria • Encephalitis • Legionnaire's disease • Necrotizing Fasciitis • Osteomyelitis • Tuberculosis
<p>Childhood Condition Benefit not eligible for recurrence benefit</p>	<p>100% Benefit per condition.</p> <p>Covered Conditions:</p> <ul style="list-style-type: none"> • Cerebral Palsy • Cleft Lip/Cleft Palate • Cystic Fibrosis • Down Syndrome • Spina Bifida • Type 1 Diabetes
<p>Progressive Disease not eligible for recurrence benefit</p>	<p>100% Benefit per condition.</p> <p>Covered Conditions:</p> <ul style="list-style-type: none"> • ALS (Lou Gehrig's Disease) • Multiple Sclerosis • Advanced Dementia (including Alzheimer's) • Advanced Parkinson's
Hospital Confinement Benefit	\$100

Benefit Definitions

ADDITIONAL OCCURRENCE BENEFIT: once benefits have been paid for a Critical Illness, a benefit is paid for an additional different Critical Illness when; 1) the Date of Diagnosis for the new Critical Illness is separated from the prior Critical Illness by at least ninety (90) consecutive months, and 2) the new Critical Illness is not caused by a Critical Illness for which benefits have been paid, and 3) a benefit is not paid for more than one Critical Illness with in a ninety (90) month period.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations. This has been waived for this offer.

WAIVER OF PREMIUM FOR DISABILITY: This waives an Employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. Total Disability must start while policy is inforce, for employees ages 18-55.

PORTABILITY: Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer Actively at work for the Employer. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy. Insured's policy terminates at age 70, dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates the ported Certificate terminates.

Optional Benefit Definition(s):

RECURRENCE: This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least 6 months.

WELLNESS SCREENING: Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.

INFECTIOUS DISEASE BENEFIT: Pays a benefit when a Covered Person has been diagnosed by a Physician with an Infectious Disease. An Infectious Disease means the following infectious or contagious diseases that are caused by organisms, such as bacteria, viruses, fungi, or parasites.

CHILDHOOD CONDITION BENEFITS: Pays a benefit upon a covered dependent child's initial date of diagnosis on or after the policy effective date for one of the childhood conditions listed.

PROGRESSIVE DISEASE: Pays a benefit when a covered person is unable to perform two or more Activities of Daily Living due to one of the Progressive Diseases listed in the offer above. These must be diagnosed by a Physician after the effective date of this policy.

HOSPITAL CONFINEMENT BENEFIT: Pays a benefit per day if a covered person is admitted and initially confined to a hospital due to a critical illness occurring after the effective date. For purposes of this benefit, the following hospital services are not eligible; treatment in the emergency room department, treatment on an outpatient basis, and any confinement to a hospital for less than 24 hours. This benefit is payable up to a maximum of 30 days per covered person per calendar year.

BONE MARROW/STEM CELL TRANSPLANT: Pays a benefit when ManhattanLife receives proof of loss that the covered person received a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells due to aplastic anemia, congenital, neutropenia, severe immunodeficiency syndromes, sickle cell anemia, thalassemia, Fanconi anemia, leukemia, lymphoma, or multiple myeloma. This benefit is not HSA compliant.

Critical Illness Rates

Rate Assumption Information

Rate Structure:	Attained Age - Tiered
Tobacco Status:	Uni-Tobacco
Rate Guarantee Period:	Two (2) Year
Custom Rates:	Yes
Custom Benefits:	Yes
Contributions:	100% Employee paid
Commissions:	Custom - 70/10
Takeover	Yes
Coverage Type:	Lump Sum
Benefits Included:	As shown above in the Benefits and Optional Benefits sections.
Participation Expectation:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.

Critical Illness & Cancer Texas

Displaying Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, Sudden Cardiac Arrest, Bone Marrow Transplant, Skin Cancer, Hospital Confinement, and \$100 Wellness Screening Benefit.

Attained Age	Employee / Employee & Children - UniTobacco									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-24	\$3.39	\$5.21	\$7.03	\$8.85	\$10.67	\$12.49	\$14.31	\$16.13	\$17.95	\$19.77
25-29	\$4.45	\$6.84	\$9.23	\$11.62	\$14.01	\$16.41	\$18.80	\$21.19	\$23.58	\$25.97
30-34	\$5.80	\$9.10	\$12.40	\$15.70	\$19.00	\$22.30	\$25.60	\$28.90	\$32.20	\$35.50
35-39	\$7.93	\$12.68	\$17.43	\$22.19	\$26.94	\$31.69	\$36.44	\$41.20	\$45.95	\$50.70
40-44	\$10.08	\$16.49	\$22.90	\$29.32	\$35.73	\$42.14	\$48.56	\$54.97	\$61.39	\$67.80
45-49	\$11.49	\$19.27	\$27.05	\$34.82	\$42.60	\$50.38	\$58.16	\$65.93	\$73.71	\$81.49
50-54	\$13.08	\$22.32	\$31.56	\$40.80	\$50.04	\$59.28	\$68.52	\$77.76	\$87.01	\$96.25
55-59	\$14.39	\$24.97	\$35.54	\$46.12	\$56.69	\$67.27	\$77.84	\$88.42	\$98.99	\$109.57
60-64	\$15.76	\$28.02	\$40.28	\$52.54	\$64.80	\$77.06	\$89.32	\$101.58	\$113.84	\$126.10
65-69	\$16.91	\$31.03	\$45.14	\$59.25	\$73.37	\$87.48	\$101.59	\$115.70	\$129.82	\$143.93
70-74	\$20.52	\$38.79	\$57.07	\$75.35	\$93.63	\$111.90	\$130.18	\$148.46	\$166.74	\$185.01
75-79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80+	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*Child Amount is 50% of Employee Amount, capped at \$25,000.

Attained Age	Employee & Spouse / Family - UniTobacco									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-24	\$7.38	\$11.27	\$15.16	\$19.05	\$22.94	\$26.83	\$30.72	\$34.62	\$38.51	\$42.40
25-29	\$9.65	\$14.83	\$20.01	\$25.19	\$30.37	\$35.55	\$40.73	\$45.91	\$51.09	\$56.27
30-34	\$12.53	\$19.66	\$26.78	\$33.91	\$41.03	\$48.15	\$55.28	\$62.40	\$69.53	\$76.65
35-39	\$16.92	\$27.18	\$37.43	\$47.68	\$57.94	\$68.19	\$78.44	\$88.70	\$98.95	\$109.20
40-44	\$21.45	\$35.50	\$49.55	\$63.61	\$77.66	\$91.71	\$105.76	\$119.81	\$133.87	\$147.92
45-49	\$25.15	\$42.84	\$60.52	\$78.21	\$95.89	\$113.58	\$131.26	\$148.95	\$166.63	\$184.32
50-54	\$29.51	\$51.35	\$73.18	\$95.02	\$116.85	\$138.69	\$160.52	\$182.36	\$204.20	\$226.03
55-59	\$33.13	\$58.72	\$84.31	\$109.90	\$135.48	\$161.07	\$186.66	\$212.25	\$237.84	\$263.42
60-64	\$36.24	\$65.64	\$95.04	\$124.43	\$153.83	\$183.23	\$212.63	\$242.02	\$271.42	\$300.82
65-69	\$37.80	\$70.26	\$102.72	\$135.17	\$167.63	\$200.09	\$232.55	\$265.01	\$297.47	\$329.93
70-74	\$45.48	\$86.69	\$127.90	\$169.11	\$210.32	\$251.53	\$292.74	\$333.95	\$375.17	\$416.38
75-79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80+	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*Spouse Amount is 100% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$25,000.

Note: Final implementation rate may vary slightly due to rounding

PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period.

At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met then all applications will be Underwritten on a Simplified Issue basis.

TAKEOVER EXPECTATIONS

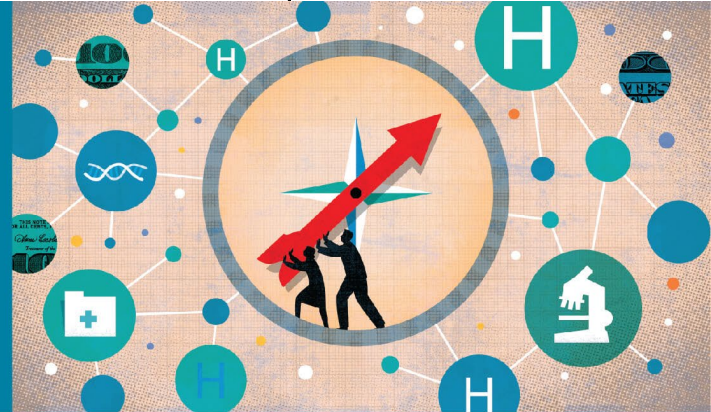
- The takeover/replacement policies will be underwritten on a Guarantee Issue basis.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.
- Takeover Provision – The Pre-Existing Conditions Clause will be reduced by a number of months equal to the number of months the replaced coverage was in force, when all the following conditions are met:
 - ManhattanLife Insurance and Annuity Company's coverage replaces a similar in force coverage.
 - The replaced coverage, including benefit amount and effective date, is submitted to ManhattanLife Insurance and Annuity Company at the time of enrollment.
 - The replaced coverage was in force within 63 calendar days of the date of ManhattanLife Insurance and Annuity Company's application.
 - The previous carrier's bill is submitted to ManhattanLife Insurance and Annuity Company.
 - The applicant qualifies for coverage in accordance with ManhattanLife Insurance and Annuity Company's underwriting offer.
 - The maximum amount of takeover coverage available is \$50,000.
- After the initial enrollment period is complete, takeover is no longer available.

Other Contingencies

- Total amount of Critical Illness and Cancer in force with all carriers including ManhattanLife cannot exceed \$100,000.
- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- If a dependent child is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If a group is situated outside of New Mexico, and there are more than 100 eligible employees residing in New Mexico, the products may not be offered to the New Mexico residents from the group's situs state.
- Please refer to the certificate/policy for full benefit and limitation information.

Hospital Indemnity

Providing supplemental hospital benefits for you and your family



Cash benefits paid to you

Hospital Indemnity plans pay employees a lump-sum cash benefit when they're hospitalized. These cash benefits pay in addition to other coverage. Benefits can be used however they choose: to help pay medical bills and cover everyday expenses. It can help them get back on their feet and back to work.

Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have.
- Don't worry about a physical exam; it's not required.
- Pay your premiums through payroll deduction.

Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement. Benefits are paid directly to you, and you can use the cash however you want. It's that simple.

Hospital Indemnity

Coverage type	Hospital Indemnity is a group policy form that includes coverage for inpatient confinement along with other benefits to pay expenses for hospital stays.		
Product	Policy Type:	Group	
	Policy Name:	Hospital Indemnity Insurance	
	Policy Form:	M-8029	
Eligibility	Issue Age:	Employee:	18-90
		Spouse:	18-90
		Child:	Under age 26
	Criteria:	<ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. 	
	Termination Age:	<ul style="list-style-type: none"> EE: Age 91 unless actively at work, then on last day of active employment. SP: Age 91, or when Employee terminates, whichever is earlier. Child: Age 26, or when Employee terminates, whichever is earlier. 	
		Coverage Tier	Guarantee Issue
Underwriting Offer		Employee:	Guarantee Issue
		Spouse:	Guarantee Issue
		Child(ren):	Guarantee Issue
Target Participation	Minimum to Issue:	5 Employee enrolled or 1% of eligible Employees, whichever is greater.	
	Guarantee Issue:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.	

Benefits and Features

	Option One
Hospital Indemnity	\$100, 30-day max
Pre-existing Condition Limitation	Waived
Maternity Waiting Period	Waived
Portability	Limited
Waiver of Premium	Included
First Admission non-ICU	\$1,000, max 3 days per year.
Newborn Routine Care	\$100, 1 day max.
Observation Benefit	\$100, 1 day max
Mental Disorder Benefit	\$100, 30-day max
Substance Abuse Benefits	\$100, 30-day max
ICU Confinement	\$200, 30-day max.
Rehabilitation	\$100, 30-day max
	Option Two
Hospital Indemnity	\$200, 30-day max
Pre-existing Condition Limitation	Waived
Maternity Waiting Period	Waived
Portability	Limited
Waiver of Premium	Included
First Admission non-ICU	\$2,000, max 3 days per year.
Newborn Routine Care	\$200, 1 day max.
Observation Benefit	\$200, 1 day max
Mental Disorder Benefit	\$200, 30-day max
Substance Abuse Benefits	\$200, 30-day max
ICU Confinement	\$400, 30-day max.
Rehabilitation	\$200, 30-day max

Definitions

HOSPITAL INDEMNITY BENEFIT: If a covered person is confined as an inpatient in a hospital, pays a daily benefit. Hospital confinement must be for at least 18 hours. Max 30 Days.

WAIVER OF PREMIUM: Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an Employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. Issue age 18-64, terminates at age 65..

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations. This has been waived for this offer.

LIMITED PORTABILITY: Employees are able to continue their coverage if they leave their Employer, as long as master contract remains in force. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. Coverage is portable assuming the following parameters are met: Employee is less than 70, Insured is not totally disabled, and the Master Policy issued to the Employer is active.

FIRST HOSPITAL ADMISSION BENEFIT: If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays a one-time lump sum per year. Hospital confinement must be for at least 18 hours as an inpatient. Benefit is not payable if ICU First Hospital Admission benefit is paid out.

ICU FIRST HOSPITAL ADMISSION BENEFIT: If a covered person is confined as an inpatient in a hospital ICU for the first time during a calendar year, pays a one-time lump sum per year. Hospital confinement must be for at least 18 hours as an inpatient. Benefit is not payable if First Hospital Admission benefit is paid out.

OBSERVATION ROOM BENEFIT: Pays daily benefit for services rendered to a Covered Person in an Observation Unit or Treatment Room as the result of an Illness or Injury. If the Covered Person has an Injury, the initial day of observation must begin within 24 hours after the Accident. If the period of observation leads to Hospital confinement the Observation Unit/Treatment Room Benefit will not be paid. The applicable Hospital Daily Room and Board Benefit and First Hospital Admission Benefit will be payable. If the Covered Person's period of observation lasts more than 20 hours in a row, then the applicable Hospital Daily Room and Board Benefit and First Hospital Admission Benefit will be payable. The Observation Unit/Treatment Room Benefit will not be paid. Max one day.

SUBSTANCE ABUSE BENEFIT: A benefit is payable if a covered person receives care in a Hospital or Substance Abuse Treatment Facility for the treatment of Substance Abuse. Max 30 days.

MENTAL DISORDERS BENEFIT: A benefit is payable if a covered person receives care in a Hospital or Mental Disorder Treatment Facility for the treatment of Mental Disorders. Max 30 days.

NEWBORN ROUTINE CARE: If after delivery, the newborn is confined in the Hospital for routine post-natal care, We will pay the Newborn Routine Care Benefit shown on the Schedule of Benefits. The benefit is payable once for the duration of the newborn's stay. The Hospital Daily Room and Board Benefit and First Hospital Admission Benefit is not payable for the newborn. There is a waiting period for benefits for newborns. The newborn must have been born at least 9 months after the effective date of coverage for this benefit to be payable. If after delivery, the newborn receives care in the ICU, then the applicable Intensive Care Daily Room and Board Benefit and First Hospital Admission Benefit is/are payable. The Newborn Routine Care Benefit is not payable. Max 1 day.



Hospital Indemnity

Rate Assumption Information

Rate Structure:	Composite
Tobacco Status:	Uni-tobacco
Rate Guarantee Period:	Two (2) Year
Custom Rates:	Yes
Custom Benefits:	Yes
Contributions:	100% Employee Paid
Takeover:	Yes
Commissions:	Custom - 60/5
Benefits Included:	As shown above in the Benefits and Optional Benefits sections.
Participation Expectation:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment.

	Monthly (12) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Option 1	\$6.79	\$11.14	\$13.97	\$18.32

Note: Final implementation rate may vary slightly due to rounding

	Monthly (12) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Option 2	\$11.14	\$18.55	\$24.17	\$31.57

Note: Final implementation rate may vary slightly due to rounding

PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period.

At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met then all applications will be Underwritten on a Simplified Issue basis.

TAKEOVER EXPECTATIONS

- The takeover/replacement policies will be underwritten on a Guarantee Issue basis.
- The Pre-Existing Conditions Clause will be reduced by a number of months equal to the number of months the replaced coverage was in force, when all of the following conditions are met:
 - ManhattanLife Insurance and Annuity Company coverage replaces a similar in force coverage.
 - The replaced coverage, including benefit amount and effective date, is submitted to ManhattanLife Insurance and Annuity Company at the time of enrollment.
 - The replaced coverage was in force within 63 calendar days of the date of ManhattanLife Insurance and Annuity Company application.
 - The prior carrier's bill is submitted to ManhattanLife Insurance and Annuity Company.
 - The applicant qualifies for coverage in accordance with ManhattanLife Insurance and Annuity Company underwriting offer and policy provisions.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.
- After the initial enrollment period is complete, takeover is no longer available.

OTHER CONTINGENCIES

- ManhattanLife Insurance and Annuity Company's Group Hospital Indemnity product is a true supplemental product. The policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and it does not satisfy the requirement of minimum essential coverage under the patient protection and affordable care act.
- Only one level may be sold to a group, unless pre-approved by underwriting.
- Rates may change if the SIC code changes or if the situs state changes.
- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- If the spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- If a dependent child is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If a group is situated outside of New Mexico, and there are more than 100 eligible employees residing in New Mexico, the products may not be offered to the New Mexico residents from the group's situs state.
- Please refer to certificate/policy for full benefit and limitation information.

Proposal Requirements



Sales Rep:	Bel Jackson	Underwriter:	Shari Bennett
Offer Date:	April 06, 2026	Valid Through:	August 31, 2026
Group Effective Date:	September 01, 2026	SIC Code:	8211 - Elementary and Secondary Schools
Situs State:	TX	Eligible Employee:	500

Proposal Overview:

Enrollment Method	Face-to-Face, On-line/Self-Serve
Enrollment Strategy	Open Enrollment
Employer Service Waiting Period	Will match the employer's service waiting period
Enrollment Partner	Broker
Enrollment System	Selerix
Billing Administration	To be determined

Agreement

Offer Date:	April 06, 2026	Valid Through:	August 31, 2026
Group Effective Date:	September 01, 2026	SIC Code:	8211 - Elementary and Secondary Schools
Situs State:	TX	Eligible Employees:	500

Proposal Qualifications and Contingencies

- All Employees are U.S. citizens or resident legal aliens. This offer excludes volunteer, temporary or seasonal Employees.
- Unless otherwise noted, the Service Waiting Period will be waived for the initial enrollment. Riders may only be added at issue, not at subsequent renewals.
- The offer does not include fees for technology.
- Offer based on a minimum Two (2) Year commitment from all stakeholders:
 - ManhattanLife's rate guarantee for Critical Illness, Accident and Hospital Indemnity product(s) as offered.
 - Employer supports payroll deductions and active annual or perpetual re-enrollments of eligible Employees.
 - Broker/Consultant support of the product offering.
 - Enrollment Partner/Technology Vendor provides enrollment service and support.
 - If the minimum participation is achieved and maintained as noted in the product's underwriting offer, this offer will be in effect for Two (2) Year.
 - ManhattanLife reserves the right to withdraw or modify this offer upon renewal. Factors such as, but not limited to, participation, experience, non-adherence to offer terms or plan design, or availability of contract type could make this necessary.

Employer Agreement	<ul style="list-style-type: none"> • Makes available ManhattanLife's voluntary insurance plan to all eligible Employees. • Agrees to deduct premiums for voluntary insurance plan and remit to ManhattanLife in a timely manner.
Agent Agreement	<ul style="list-style-type: none"> • Develops an enrollment plan ensuring all eligible Employees are presented plan benefits. • Assists Employer with questions related to ManhattanLife's insurance plan and administrative practices. • This offer is valid contingent on the agent having a valid active license with ManhattanLife. • Single Case Agreement form is required.

Employer of Record

SIGNATURE OF OFFICER AND TITLE

DATE

Agent of Record

SIGNATURE OF OFFICER AND TITLE

DATE